

CitizenAudit.org

87-0274433

DESERET MANAGEMENT CORPORATION & SUBSIDIARIES

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 POLYNESIAN CULTURAL CENTER	0	0	0	0	0	0	0
2 POLYNESIAN CULTURAL CENTER PROPERTI	0	0	0	0	0	0	0
3 PROPERTY RESERVE, INC	0	0	0	0	0	0	0
4 SUBURBAN LAND RESERVE, INC	0	0	0	0	0	0	0
5 TAYLOR CREEK MANAGEMENT COMPANY	0	0	0	0	0	0	0
6 WESTERN WATER IRRIGATION COMPANY	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0
8	0	0	0	0	0	0	0
9	0	0	0	0	0	0	0
10	0	0	0	0	0	0	0
Total	7,500	6,250	3,374,500	0	0	0	3,386,250

Schedule O (Form 1120)(2010)

Part IV Other Apportionments (See Instructions)

Other Apportionments					
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 DESERT MANAGEMENT CORPORATION & SU	0	0	0	0	0
2 CORPORATION OF THE PRESIDENT OF THE	0	0	0	0	0
3 AGRESERVES, INC	0	0	0	1,000,000	IRC Section 179(b) 498,000
4 BONNEVILLE HOLDING COMPANY	0	0	0	0	0
5 BRIGHAM YOUNG UNIVERSITY	0	0	0	0	0
6 BRIGHAM YOUNG UNIVERSITY- HAWAII	0	0	0	0	0
7 BRIGHAM YOUNG UNIVERSITY-IDAHO	0	0	0	0	0
8 CITY CREEK RESERVE, INC	0	0	0	0	0
9 ENSIGN PEAK ADVISORS, INC	0	0	0	0	0
10 FARMLAND RESERVE, INC	0	0	0	0	0
Total	0	40,000	40,000	1,000,000	500,000
Schedule O (Form 1120)(2010)					

Schedule O (Form 1120)(2010)

Part IV Other Apportionments (See instructions)

DESRET MANAGEMENT CORPORATION & SUBSIDIARIES

87-0274433

Other Apportionments					
(a) Group member's name	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 ----- POLYNESIAN CULTURAL CENTER	0	0	0	0	0
2 ----- POLYNESIAN CULTURAL CENTER PROPERTI	0	0	0	0	0
3 ----- PROPERTY RESERVE, INC	0	0	0	0	IRC Section 179(b) 1,000
4 ----- SUBURBAN LAND RESERVE, INC.	0	0	0	0	0
5 ----- TAYLOR CREEK MANAGEMENT COMPANY	0	40,000	40,000	0	0
6 ----- WESTERN WATER IRRIGATION COMPANY	0	0	0	0	0
7 -----	0	0	0	0	0
8 -----	0	0	0	0	0
9 -----	0	0	0	0	0
10 -----	0	0	0	0	0
Total	0	40,000	40,000	1,000,000	500,000

Schedule O (Form 1120)(2010)

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	1
------------	---------------------------------	-----------	---

DESCRIPTION	AMOUNT
OCOTILLO MANAGEMENT GROUP, LLC	57,776.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	57,776.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	2
------------	------------------	-----------	---

DESCRIPTION	AMOUNT
LOCATION ADMINISTRATIVE EXPENSES	1,920,429.
UTILITY EXPENSES	350,624.
SECURITY EXPENSES	130,174.
PARKING OPERATION EXPENSES	777,386.
CLEANING EXPENSES	435,433.
GROUND MAINTENANCE	68,439.
LEASING & OTHER	55,880.
GENERAL ADMINISTRATIVE EXPENSES	219,434.
OTHER MISCELLANEOUS	-869.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	3,956,930.

FORM 990-T	PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER	STATEMENT	3
------------	--	-----------	---

CORPORATION'S NAME	IDENTIFYING NO
CORP. OF THE PRESIDENT	23-7300405

FORM 990-T

TAX COMPUTATION

STATEMENT 4

1. TAXABLE INCOME	804,991	
2. LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .	0	
3. LINE 1 LESS LINE 2	804,991	
4. LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .	0	
5. LINE 3 LESS LINE 4	804,991	
6. INCOME SUBJECT TO 34% TAX RATE	0	
7. INCOME SUBJECT TO 35% TAX RATE	804,991	
8. 15 PERCENT OF LINE 2	0	
9. 25 PERCENT OF LINE 4	0	
10. 34 PERCENT OF LINE 6	0	
11. 35 PERCENT OF LINE 7	281,747	
12. ADDITIONAL 5% SURTAX.	0	
13. ADDITIONAL 3% SURTAX	0	
14. TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		<u>281,747</u>

FORM 990-T SCHEDULE F - INTEREST, ANNUITIES, ROYALTIES STATEMENT 5
AND RENTS FROM CONTROLLED ORGANIZATIONS

1.		2.	
NAME OF CONTROLLED ORGANIZATION		ACTIVITY NUMBER	EMPLOYER ID NO.
AGRESERVES INC		1	
EXEMPT CONTROLLED ORGANIZATIONS			
3.	4.	5.	6.
NET UNRELATED INCOME (LOSS)	TOTAL OF SPECIFIED PAYMENTS MADE	PART OF COL (4) INCLUDED IN GROSS INCOME	DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
235,478.	235,478.	311,568.	311,568.	76,090.

1. NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER	2. EMPLOYER ID NO.
DESERET TRUST CO	2	

EXEMPT CONTROLLED ORGANIZATIONS

3. NET UNRELATED INCOME (LOSS)	4. TOTAL OF SPECIFIED PAYMENTS MADE	5. PART OF COL (4) INCLUDED IN GROSS INCOME	6. DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME
--------------------------------------	---	--	---

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
-15,588.	-15,588.	4,021.	4,021.	19,609.

1. NAME OF CONTROLLED ORGANIZATION	ACTIVITY NUMBER	2. EMPLOYER ID NO.
DESERET MUTUAL BENEFIT ADMINISTRATORS	3	

EXEMPT CONTROLLED ORGANIZATIONS

3. NET UNRELATED INCOME (LOSS)	4. TOTAL OF SPECIFIED PAYMENTS MADE	5. PART OF COL (4) INCLUDED IN GROSS INCOME	6. DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME
--------------------------------------	---	--	---

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
39,993.	39,993.	47,605.	47,605.	7,612.

1.
NAME OF CONTROLLED ORGANIZATION
BONNEVILLE INTERNATIONAL CORP

2.
EMPLOYER
ID NO.
4

EXEMPT CONTROLLED ORGANIZATIONS

3. NET UNRELATED INCOME (LOSS)	4. TOTAL OF SPECIFIED PAYMENTS MADE	5. PART OF COL (4) INCLUDED IN GROSS INCOME	6. DEDUCTIONS DIRECTLY CONNECTED WITH COL (5) INCOME
--------------------------------------	---	--	---

NONEXEMPT CONTROLLED ORGANIZATIONS

7. TAXABLE INCOME	8. NET UNRELATED INCOME (LOSS)	9. TOTAL OF SPECIFIED PMTS	10. PART OF COL (9) INCLUDED IN GROSS INCOME	11. DEDUCTIONS DIRECTLY CONNECTED
2,741.	2,741.	2,741.	2,741.	

	ADD COLUMNS 5 AND 10	ADD COLUMNS 6 AND 11
TOTALS TO FORM 990-T, SCHEDULE F	365,935.	103,311.

FORM 990-T SCHEDULE F - DEDUCTIONS OF CONTROLLED ORGANIZATIONS STATEMENT 6
DIRECTLY CONNECTED WITH COLUMN 10 INCOME

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING AND DEPRECIATION EXPENSES		76,090.	
- SUBTOTAL -	1		76,090.
OPERATING AND DEPRECIATION EXPENSES		19,609.	
- SUBTOTAL -	2		19,609.
OPERATING AND DEPRECIATION EXPENSES		7,612.	
- SUBTOTAL -	3		7,612.
TOTAL OF FORM 990-T, SCHEDULE F, COLUMN 11			103,311.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☐
 - If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☒

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization PROPERTY RESERVE, INC.	Employer identification number 87-6128054
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 50 E NORTH TEMPLE ST - COB 22	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions SALT LAKE CITY, UT 84150	

Enter the Return code for the return that this application is for (file a separate application for each return) **07**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

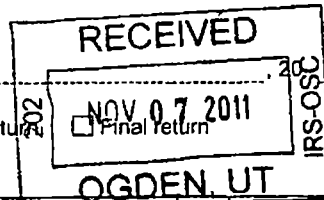
• The books are in the care of ► CRAIG WHITING

Telephone No. ► 801-240-3030 FAX No. ► 801-240-1612

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2011, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 10 or
 - ☐ tax year beginning _____, 20____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period



3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	575,000
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	575,000
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)

ENVELOPE
POSTMARK DATE OCT 31 2011

Part III Income Tax Apportionment (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 DESERET MANAGEMENT CORPORATION & SU	0	0	0	0	0	0	0
2 CORPORATION OF THE PRESIDENT OF THE	0	0	0	0	0	0	0
3 AGRESERVES, INC	7,500	6,250	3,374,500	0	0	0	3,388,250
4 BONNEVILLE HOLDING COMPANY	0	0	0	0	0	0	0
5 BRIGHAM YOUNG UNIVERSITY	0	0	0	0	0	0	0
6 BRIGHAM YOUNG UNIVERSITY- HAWAII	0	0	0	0	0	0	0
7 BRIGHAM YOUNG UNIVERSITY-IDAHO	0	0	0	0	0	0	0
8 CITY CREEK RESERVE, INC	0	0	0	0	0	0	0
9 ENSIGN PEAK ADVISORS, INC.	0	0	0	0	0	0	0
10 FARMLAND RESERVE, INC	0	0	0	0	0	0	0
Total	7,500	6,250	3,374,500	0	0	0	3,388,250

Schedule O (Form 1120) (2010)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return.

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	POLYNESIAN CULTURAL CENTER	2010 12	0	0	0	0	0	0
2	POLYNESIAN CULTURAL CENTER PROPERTI	2010 12	0	0	0	0	0	0
3	PROPERTY RESERVE, INC	2010 12	0	0	0	0	0	0
4	SUBURBAN LAND RESERVE, INC	2010 12	0	0	0	0	0	0
5	TAYLOR CREEK MANAGEMENT COMPANY	2010 12	0	0	0	0	0	0
6	WESTERN WATER IRRIGATION COMPANY	2010 12	0	0	0	0	0	0
7			0	0	0	0	0	0
8			0	0	0	0	0	0
9			0	0	0	0	0	0
10			0	0	0	0	0	0
Total			50,000	25,000	9,925,000	0	10,000,000	0

Schedule O (Form 1120) (2010)

Part II Taxable Income Apportionment (See instructions)

Caution: Each total in Part II, column (g) for each component member must agree with Form 1120, page 1, line 30 or the comparable line of such member's tax return

(a) Group member's name and employer identification number		(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket					(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%		
1	----- DESERT MANAGEMENT CORPORATION & SU 87-0274433	2010 12	0	0	0	0	0	0
2	----- CORPORATION OF THE PRESIDENT OF THE 23-7300405	2010 12	0	0	0	0	0	0
3	----- AGRESERVES, INC. 87-0481574	2010 12	50,000	25,000	9,925,000	0	10,000,000	0
4	----- BONNEVILLE HOLDING COMPANY 74-2368288	2010 12	0	0	0	0	0	0
5	----- BRIGHAM YOUNG UNIVERSITY 87-0217280	2010 12	0	0	0	0	0	0
6	----- BRIGHAM YOUNG UNIVERSITY- HAWAII 99-0083825	2010 12	0	0	0	0	0	0
7	----- BRIGHAM YOUNG UNIVERSITY-IDAHO 82-0207688	2010 12	0	0	0	0	0	0
8	----- CITY CREEK RESERVE, INC 20-8152281	2010 12	0	0	0	0	0	0
9	----- ENSIGN PEAK ADVISORS, INC 84-1432968	2010 12	0	0	0	0	0	0
10	----- FARMLAND RESERVE, INC 87-0569880	2010 12	0	0	0	0	0	0
Total			50,000	25,000	9,925,000	0	10,000,000	0

Schedule O (Form 1120)(2010)

SCHEDULE O
(Form 1120)

Consent Plan and Apportionment Schedule
for a Controlled Group

OMB No 1545-0123

Department of the Treasury
Internal Revenue Service

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.

2010

See separate instructions.

Name

DESERET MANAGEMENT CORPORATION & SUBSIDIARIES

Employer identification number

87-0274433

Part I Apportionment Plan Information

1 Type of controlled group:

- a ☒ Parent-subsidiary group
b ☐ Brother-sister group
c ☐ Combined group
d ☐ Life insurance companies only

2 This corporation has been a member of this group:

- a ☒ For the entire year.
b ☐ From _____, _____, until _____, _____.

3 This corporation consents and represents to:

- a ☐ Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, _____, and for all succeeding tax years.
b ☒ Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending 12 31, 2009, and for all succeeding tax years.
c ☐ Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
d ☐ Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a ☐ Elected by the component members of the group
b ☐ Required for the component members of the group

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions)

- a ☐ No apportionment plan is in effect and none is being adopted.
b ☐ An apportionment plan is already in effect. It was adopted for the tax year ending _____, _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency?

See instructions.

- a ☐ Yes.
(i) ☐ The statute of limitations for this year will expire on _____, _____.
(ii) ☐ On _____, _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____, _____.
b ☐ No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a ☐ The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
b ☐ The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
c ☐ The corporation has a short tax year that does not include December 31.

For Privacy Act and Paperwork Reduction Act Notice,
see Instructions for Form 1120.

Schedule O (Form 1120) (2010)

Part V**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use

25

26 Property used more than 50% in a qualified business use:

	%							
	%							
	%							

27 Property used 50% or less in a qualified business use:

	%				S/L			
	%				S/L			
	%				S/L			

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle	(b) Vehicle	(c) Vehicle	(d) Vehicle	(e) Vehicle	(f) Vehicle
30 Total business/investment miles driven during the year (do not include commuting miles)						
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year:					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Form

4562Department of the Treasury
Internal Revenue Service (59)
Name(s) shown on return**Depreciation and Amortization 990-T**
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010Attachment
Sequence No 67

PROPERTY RESERVE, INC.

FORM 990-T PAGE 1

Identifying number
87-6128054**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						3,801.
c 7-year property						
d 10-year property						
e 15-year property						173,585.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	927,589.

Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,104,975.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **4626**Department of the Treasury
Internal Revenue Service**Alternative Minimum Tax—Corporations**

▶ See separate instructions.

▶ Attach to the corporation's tax return.

OMB No. 1545-0175

2010

Name

PROPERTY RESERVE, INC.

Employer identification number

87-6128054

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	804,991
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	(8)
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	3	804,983
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	804,983
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	0
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive)	4d	1,168
e	ACE adjustment		
	• If line 4b is zero or more, enter the amount from line 4c		
	• If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount		
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	804,983
6	Alternative tax net operating loss deduction (see instructions)	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	804,983
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (.25)	8b	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	804,983
10	Multiply line 9 by 20% (.20)	10	160,997
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax. Subtract line 11 from line 10	12	160,997
13	Regular tax liability before applying all credits except the foreign tax credit	13	281,747
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0

For Paperwork Reduction Act Notice, see the Instructions.

Form **4626** (2010)

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)**1** Description of property

(1)
(2)
(3)
(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total 0.	Total 0.	

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) 0.

(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 8 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A) 0.	Enter here and on page 1, Part I, line 7, column (B) 0.
Total dividends-received deductions included in column 8				0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4) SEE STATEMENT 5					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				STATEMENT 6
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) 365,935.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) 103,311.

Form 990-T

Department of the Treasury
Internal Revenue ServiceExempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2010 or other tax year beginning

and ending

1012

OMB No. 1545-0047

2010

Open to Public Inspection for
501(c)(3) Organizations OnlyA ☐ Check box if
address changedName of organization (☐ Check box if name changed and see instructions.)D Employer identification number
(Employee's trust, see
instructions)

B Exempt under section

☒ 501(c)(3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a)Print
or
Type

PROPERTY RESERVE, INC.

87-6128054

Number, street, and room or suite no. If a P.O. box, see instructions.

50 E. NORTH TEMPLE ST. - COB 22

E Unrelated business activity codes
(See instructions)

City or town, state, and ZIP code

SALT LAKE CITY, UT 84150

900003 531390

C Book value of all assets
at end of year

OVER

1,000,000.

F Group exemption number (See instructions.)

G Check organization type

☒ 501(c) corporation☐ 501(c) trust☐ 401(a) trust☐ Other trust

H Describe the organization's primary unrelated business activity

PROPERTY MANAGEMENT

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

☒ Yes ☐ No

If "Yes," enter the name and identifying number of the parent corporation.

SEE STATEMENT 3

J The books are in care of

CRAIG WHITING

Telephone number

801-240-3030

Part I Unrelated Trade or Business Income

(A) Income

(B) Expenses

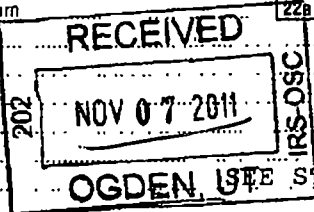
(C) Net

1a Gross receipts or sales	6,661,724.		
b Less returns and allowances			
c Balance			
1c	6,661,724.		
2 Cost of goods sold (Schedule A, line 7)			
3 Gross profit. Subtract line 2 from line 1c	6,661,724.		6,661,724.
4a Capital gain net income (attach Schedule D)			
4b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c Capital loss deduction for trusts			
5 Income (loss) from partnerships and S corporations (attach statement)	57,776.	STMT 1	57,776.
6 Rent income (Schedule C)			
7 Unrelated debt-financed income (Schedule E)			
8 Interest, annuities, royalties, and rents from controlled organizations (Sch F)	365,935.	103,311.	262,624.
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10 Exploited exempt activity income (Schedule I)			
11 Advertising income (Schedule J)			
12 Other income (See instructions; attach schedule.)			
13 Total. Combine lines 3 through 12	7,085,435.	103,311.	6,982,124.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	462,422.
17 Bad debts		17	
18 Interest (attach schedule)		18	
19 Taxes and licenses		19	651,806.
20 Charitable contributions (See instructions for limitation rules.)		20	
21 Depreciation (attach Form 4562)	1,104,975.	21	
22 Less depreciation claimed on Schedule A and elsewhere on return		22b	1,104,975.
23 Depletion		23	
24 Contributions to deferred compensation plans		24	
25 Employee benefit programs		25	
26 Excess exempt expenses (Schedule I)		26	
27 Excess readership costs (Schedule J)		27	
28 Other deductions (attach schedule)		28	3,956,930.
29 Total deductions. Add lines 14 through 28		29	6,176,133.
30 Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13		30	805,991.
31 Net operating loss deduction (limited to the amount on line 30)		31	
32 Unrelated business taxable income before specific deduction Subtract line 31 from line 30		32	805,991.
33 Specific deduction (Generally \$1,000, but see instructions for exceptions)		33	1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34	804,991.

ENVELOPE
POSTMARK DATE OCT 31 2011

90

Part III Tax Computation**35 Organizations Taxable as Corporations.** See instructions for tax computation.Controlled group members (sections 1561 and 1563) check here ☒ See instructions and:**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order).

(1) \$ 0. (2) \$ 0. (3) \$ 0.

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$ 0.

(2) Additional 3% tax (not more than \$100,000) \$ 0.

c Income tax on the amount on line 34 **35c** 281,747.**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from.☐ Tax rate schedule or ☐ Schedule D (Form 1041) **36****37 Proxy tax.** See instructions **37****38 Alternative minimum tax** **38****39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 281,747.**Part IV Tax and Payments****40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) **40a****b Other credits** (see instructions) **40b****c General business credit.** Attach Form 3800 **40c****d Credit for prior year minimum tax** (attach Form 8801 or 8827) **40d****e Total credits.** Add lines 40a through 40d **40e****41 Subtract line 40e from line 39** **41** 281,747.**42 Other taxes.** Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule) **42****43 Total tax.** Add lines 41 and 42 **43** 281,747.**44a Payments.** A 2009 overpayment credited to 2010 **44a** 259,529.**b 2010 estimated tax payments** **44b** 315,471.**c Tax deposited with Form 8868** **44c****d Foreign organizations' Tax paid or withheld at source** (see instructions) **44d****e Backup withholding** (see instructions) **44e****f Credit for small employer health insurance premiums** (Attach Form 8941) **44f****g Other credits and payments.** ☐ Form 2439 **44g**☐ Form 4136 ☐ Other **Total** **44g****45 Total payments.** Add lines 44a through 44g **45** 575,000.**46 Estimated tax penalty** (see instructions). Check if Form 2220 is attached ☐ **46****47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47****48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 293,253.**49 Enter the amount of line 48 you want credited to 2011 estimated tax** 235,000. **Refunded** **49** 58,253.**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

- 1** At any time during the 2010 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**
- 2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No**
- 3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$** **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A RECEIVED**

- 1** Inventory at beginning of year **1**
- 2** Purchases **2**
- 3** Cost of labor **3**
- 4a** Additional section 263A costs **4a**
- b** Other costs (attach schedule) **4b**
- 5** Total. Add lines 1 through 4b **5**
- 6** Inventory at end of year **6**
- 7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7**
- 8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information furnished by taxpayer.

DO NOT CORRESPOND FOR SIGNATURE**Sign Here****Signature of officer** **Date** 10/28/2011 **Title** VP/TreasurerMay the IRS discuss this return with the preparer shown below (see instructions)? ☒ Yes ☐ No**Paid Preparer Use Only**

Print/Type preparer's name Sharon Zorback **Preparer's signature** Sharon Zorback **Date** 10/19/11 **Check** ☐ if self-employed **PTIN** P00125475

Firm's name DELOITTE TAX LLP **Firm's EIN** 86-1065772

Firm's address 225 WEST SANTA CLARA STREET **Phone no.** 408-704-4000

Firm's address SAN JOSE, CA 95113